

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street) ▼

P.O. Box 4449

☐ Check if different than previously reported. (ACC)

Cary

NC

27519-4449

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00194647

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Cody Hand

Signature of Treasurer

Mr. Cody Hand

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">52449.24</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">22225.94</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">19377.10</span>	<span style="border: 1px solid black; padding: 2px;">59993.21</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">41603.04</span>	<span style="border: 1px solid black; padding: 2px;">112442.45</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">74.52</span>	<span style="border: 1px solid black; padding: 2px;">70963.61</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">41528.52</span>	<span style="border: 1px solid black; padding: 2px;">41478.84</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 07 01 2014

To:

 M M / D D / Y Y Y Y  
 09 30 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5615.00

10953.20

(ii) Unitemized .....

13762.10

39994.34

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

19377.10

50947.54

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

19377.10

50947.54

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

9045.67

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

9045.67

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

19377.10

59993.21

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

19377.10

50947.54

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	61700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	74.52	9263.61
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	74.52	70963.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74.52	70963.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19377.10	50947.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19377.10	50947.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeff N Sackison FACHE**

Mailing Address 1004 Quail Run

City

Edenton

State

NC

Zip Code

27932-9200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vidant Bertie Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 03 / 2014

**Transaction ID : 22063801**

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**B. Mr. Wendell H Baker Jr**

Mailing Address 1102 Saint Patrick Street

City

Tarboro

State

NC

Zip Code

27886-3039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vidant Edgecombe Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 03 / 2014

**Transaction ID : 22063814**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Nagowski**

Mailing Address 1638 Owen Drive

City

Fayetteville

State

NC

Zip Code

28304-3424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cape Fear Valley Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 09 / 2014

**Transaction ID : 22063930**

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1440.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Dr. Christopher T. Aul MD**

Mailing Address 125 Bryce Creek lane

City

Fayetteville

State

NC

Zip Code

28303-4981

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cape Fear Valley Health System

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 09 / 2014

**Transaction ID : 22063964**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. Mr. Hugh H. Tilson Jr.**

Mailing Address 1305 College Place

City

Raleigh

State

NC

Zip Code

27605-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Carolina Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2014

**Transaction ID : 22064039**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Ms. Pamela Beckwith**

Mailing Address 1709 Rosebank Lane

City

Charlotte

State

NC

Zip Code

28226-0923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2014

**Transaction ID : 22064041**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

825.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 11  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Mr. Spencer Lilly**

Mailing Address 9306 Copans Glen Lane

City State Zip Code  
 Huntersville NC 28078-6489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Carolinas Medical Center

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 16 2014

**Transaction ID : 22064113**

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jeff N Sackrison FACHE**

Mailing Address 1004 Quail Run

City State Zip Code  
 Edenton NC 27932-9200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Vidant Bertie Hospital

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 16 2014

**Transaction ID : 22064126**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jeff Lindsay**

Mailing Address 105 Arboretum Ct.

City State Zip Code  
 Lewisville NC 27023-8659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Novant Health

Occupation

CV Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 06 2014

**Transaction ID : 22064254**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Mr. Kevin W Sowers RN, MSN, F**

Mailing Address 1022 Homer Street

City State Zip Code  
Durham NC 27707-1641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke University Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 28 / 2014

Transaction ID : 22064334

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr. John D McConnell MD**

Mailing Address 140 Plymouth Avenue

City State Zip Code  
Winston Salem NC 27104-3024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Forest Baptist Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 28 / 2014

Transaction ID : 22064340

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jimm Bunch**

Mailing Address 2275 Majestic View Court

City State Zip Code  
Hendersonville NC 28791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Park Ridge Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 11 / 2014

Transaction ID : 22064356

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

Full Name (Last, First, Middle Initial)

**A. Mr. William A Pully**

Mailing Address 2728 Cambridge Road

City

Raleigh

State

NC

Zip Code

27608-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Carolina Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 22 / 2014

Transaction ID : 22064364

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr. William J Fulkerson M.D.**

Mailing Address 815 Pleasant Green Road

City

Hillsborough

State

NC

Zip Code

27278-7805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University Health System

Occupation

Senior Vice President of Clinical Affa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 22 / 2014

Transaction ID : 22064376

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr. William Goglin M.D.**

Mailing Address 2119 Cortelyou Road

City

Charlotte

State

NC

Zip Code

28211-3835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas Medical Center-NorthEast

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 22 / 2014

Transaction ID : 22064394

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

5615.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 1821 S. Main St.

City  
Wake ForestState  
NCZip Code  
27587Purpose of Disbursement  
September Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2014

Transaction ID : 22065724

Amount of Each Disbursement this Period

24.83
-------

September Bank Fees

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

24.83
-------

24.83
-------